



STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
YOUTH COMMUNITY CORRECTIONS

**SUMMARY OF WAIVER**

**YOUTH NAME:** \_\_\_\_\_ **YOUTH ID:** \_\_\_\_\_  
**DATE OF REVIEW:** \_\_\_\_\_ **TIME OF REVIEW:** \_\_\_\_\_  
**PLACE OF REVIEW:** \_\_\_\_\_  
**DOCUMENTS REVIEWED:** \_\_\_\_\_

**ALLEGED RULE(S) VIOLATION(S)**

**FINDINGS OF FACT**

**DISPOSITION**

**SUMMARY**

\_\_\_\_\_  
**Hearings Officer's Signature**

\_\_\_\_\_  
**Date**

Copy: YCC Bureau Chief, Juvenile Parole Officer, Youth Correctional Facility, Youth, Parents/Guardians/Custodians or their Representatives, Youth's Attorney